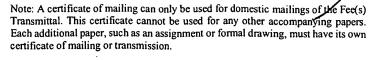
## PART B - FEE(S) TRANSMITTAL

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APPLICATION ?	NO. FILIN	G DATE F	IRST NAMED IN	NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/527,193		0/2005	Yoshikazu TAK	AOKA	Q86673		1112		
TITLE OF INVENTION: NOVEL CRYSTALS OF TRIAZASPIRO (5.5) UNDECANE DERIVATIVE									
THE OF INVENTION. NOVES ON ISTALS OF INIAEASTING (3.3) ONDECAME DEMINATIVE									
APPLN. TYPE	SMALL	ISSUE FEE	PUBLICAT	ION PREV.	PAID ISSUE FEE	TOTAL FEE	(S) DATE	DATE DUE	
	ENTITY		FEE			DUE			
nonprovisional	NO	\$1440.00	\$300.00	)	\$0.00	\$1,740.00 03/11/200		/2008	
EXAMINER			ART UN	IT CLAS	CLASS-SUBCLASS				
	Charanjit Aulakh		1625		. <u></u>				
1. Change of correspon	dence address or ind	ication of "Fee Addres	s" (37 CFR 1.363	2. For printing	on the patent front pa	ige list 1	Sughrue Mion, P	LLC	
☐ Change of correspon		of up to 3 registe ents OR, alternatively							
☐ "Fee Address" indi		of a single firm (h			<del></del> .				
03-02 or more recent) ATTACHED. Use of a Customer Number is required.				member a registered attorney or agent) and the names of up to 2 registered patent attorneys or					
				agents. If no name is listed, no name will be					
3. ASSIGNEE NAME	AND RESIDENCE	DATA TO BE PRINT	ED ON THE PAT	printed. [ENT (print or ty	ne)				
PLEASE NOTE: Unle	•				•	ntified below, the	e document has bee	n filed for	
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
ONO PHARMACEUT	TICAL CO., LTD.	Osaka,	apan		•				
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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)									
- ''				☐ A check is enclosed.					
☑ Publication Fee (No small entity discount permitted)				☐ Payment by credit card. Form 1310-2038 is attached.					
				Director is hereby authorized to charge the required fee(s), any deficiency, or credit any					
overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this   ☑ The USPTO is directed and authorized to charge all required fees to Deposit									
19-4880. Please also credit any overpayments to said Deposit Account.									
5. Change in Entity Sta	atus (from status indi	cated above)							
a. Applicant claims				-	claiming SMALL E				
The Director of the US									
NOTE: The Issue Fee party in interest as sho	and Publication Fee own by the records of	(if required) will not b the United States Pate	e accepted from ar nt and Trademark	nyone other than to Office.	the applicant; a regist	ered attorney or a	agent; or the assign	ee or other	
Authorized Signature	_	Insan (	Mark	Date		March 7,	2008		
Typed or Printed Name	e	Susan J. Mack		Registration N	o. <b>03/10/200</b> 8	30,951 AWONDAF2 000	300007 194880	10527193	
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